Policy Brief

EXTENDING MEDICAID HEALTH BENEFITS TO ONE YEAR POSTPARTUM IN NORTH CAROLINA

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NC ORAL HEALTH COLLABORATIVE

Introduction

Research has documented the relationship between oral health and overall wellness (U.S Department of Health and Human Services, 2020). Thus, one way to prevent dental disease is to set up children at a young age for success by promoting the oral health of mothers while they are pregnant. Poor oral health during pregnancy negatively impacts the mother's oral health and that of the newborn child (Pregnancy and Oral Health Feature | CDC, 2019).

Pregnant women are more susceptible to poor oral health because of the biological changes, including hormone fluctuations, that occur during pregnancy. In fact, pregnant mothers are more prone to gum disease and cavities (Pregnancy and Oral Health Feature | CDC, 2019). Additionally, not only has gum disease been shown to be linked to preterm births and low birth weights, but mothers with a high presence of cavity-causing bacteria can transmit this bacterium to their children after giving birth (Pregnancy and Oral Health Feature | CDC, 2019). Ultimately, children of mothers with dental disease are three times more likely to have cavities (Pregnancy and Oral Health Feature | CDC, 2019).

Oral health care for low-income pregnant and postpartum women is particularly difficult to access in North Carolina (NC). This plays a significant role as to why pregnant and new mothers suffer from higher rates of poor oral health outcomes relative to the rest of the state. This, in part, is because there is no Medicaid oral health coverage following delivery for low-income postpartum mothers that qualify for Medicaid only while pregnant. Interestingly, Dental Medicaid coverage in NC is classified as an "extensive benefit" which covers any dental care deemed medically necessary including preventative services, routine examinations, tooth restoration, denture placements, etc. (Does Medicaid Cover Dental Care in North Carolina? 2019). However, certain medical necessities are excluded from these benefits, including postpartum oral health care, which is detrimental to both the mother and child's oral health.

Currently, women who earn too much to qualify for full Medicaid coverage can become eligible for North Carolina's Medicaid for Pregnant Women (MPW) program when pregnant (What Do Moms' Smiles Have to Do with Thriving Babies?, 2020). While this program does include coverage of dental services, a mother's coverage ends when she gives birth. This creates obstacles to care as some women have never had access to dental care prior to using the MPW services and/or their treatment plans are not complete before giving birth (What Do Moms' Smiles Have to Do with Thriving Babies?, 2020). To improve the oral health outcomes of mothers, a change in the current NC Medicaid policy is imperative. Advancement in the oral health of mothers would also directly influence the oral health and subsequent overall health of all children.

Proposed Legislation

Senate Bill 530 proposes to increase Medicaid coverage from no coverage postpartum to one year postpartum in North Carolina (North Carolina S530 | 2021-2022 | Regular Session, n.d.). S530 was proposed in response to the national American Rescue Plan Act, signed into law in March of 2021, which provides states with a potential pathway to extend Medicaid postpartum coverage from 60 days to one year for all health services, including medical and dental benefits (Extend Postpartum Medicaid Coverage, n.d.). The national legislation contains vague language and is up to interpretation for each state. Since Medicaid coverage is determined by each state, the North Carolina General Assembly can alter the bill, if they choose to adopt it, to their discretion. If states choose to adopt legislation as established in the American Rescue Plan Act, states will receive federal funds matching the state funds they contribute (Extend Postpartum Medicaid Coverage, n.d.). If states choose to adopt their own version of the bill, the match of federal funds is not available (Extend Postpartum Medicaid Coverage, n.d.).

For the case of North Carolina, if S530 is passed, the match of federal funds would be available given the way the legislation is written. S530 was introduced to the Senate of the North Carolina General Assembly on April 5, 2021 (North Carolina S530 | 2021-2022 | Regular Session, n.d.). As of June 21, 2021, a provision to extend Medicaid coverage to twelve months postpartum is also included in the North Carolina state budget proposal for the 2021-2023 fiscal biennium (General Assembly of North Carolina, 2021). Lastly, while S530 could provide an extension of comprehensive health benefits, this policy brief specifically focuses on the oral health advantages the passage of this legislation could provide. Unfortunately, the language in the American Rescue Plan that laid the groundwork for S530's potential expansion of postpartum Medicaid benefits is broad, simply extending medical services provided to pregnant mothers. It is unclear if oral health would be inherently included, so there is no consensus on whether or not the bill would need an amendment for oral health coverage to extend to 12 months postpartum along with general medical coverage.

POLICY GOALS

Extending postpartum Medicaid coverage to one year would improve oral health for low-income mothers, reduce the risk for both the mother and child during pregnancy and birth, and reduce childhood caries (What Do Moms' Smiles Have to Do with Thriving Babies?, 2020). Thus, the ultimate goal of the policy is to improve overall health outcomes for pregnant mothers, postpartum mothers, and their children.

Extending Medicaid postpartum health coverage has been shown to lower maternal mortality rates compared to non-expansion states (Ranji et al., 2021). Additionally, the extension of postpartum Medicaid services does not stop at assisting mothers with pregnancy-related conditions, but rather extends to improve other health-related issues such as mental health services for opioid use disorder and contraceptive services to assist new mothers with family planning after birth (Ranji et al., 2021). While there is not nearly as much research surrounding the extension of Medicaid postpartum dental coverage, the same thinking can be applied.

Oral health is tied to one's overall health and the oral health of a mother has significant impacts on that of her child (U.S Department of Health and Human Services, 2020). With this in mind, extending postpartum coverage to one year will lead to direct improvements in the overall health of mothers and their children – meeting the long-term policy goal of S530.

Key Messages In Support of Policy Adoption

Given the specific focus of this policy brief on dental health, the key messages will be framed with respect to how this policy will impact a mother and child's oral health, reduce pregnancy complications, and extend dental coverage to reduce health costs.

Oral health influences overall health

Oral health has direct implications not only for one's physical health, but for their mental health too (Kaur et al., 2017). Research documents connections between oral health and diabetes, heart disease, and even stroke (U.S Department of Health and Human Services, 2020). More specifically, the US Department of Health and Human Services recently published research connecting dental disease and pregnancy complications (U.S Department of Health and Human Services, 2020). Lastly, oral health also can impact self-esteem and confidence as well as chewing and speech (Kaur et al., 2017). 29 percent of low-income adults with poor oral health report limitations with job opportunities and 23 percent of adults reduce participation in social activities due to the condition of their teeth (Health Policy Institute | ADA, 2015). While this policy brief only focuses on oral health during a specific period of life – the first year postpartum – the impact of oral health on overall health is a relevant and impactful connection throughout life.

The path to a healthy smile starts before birth

A child should visit the dentist for the first time no later than one year of age (Stanford Children's Health, n.d.). For many children, their first visit occurs much later in life, which puts them at a disadvantage for proper oral hygiene habits. For many mothers, finding an accessible and affordable dentist is a significant obstacle. Thus, many mothers are unable to receive dental care, which often results in limited or even non-existent dental care for their children, too. By extending the period in which Medicaid covers postpartum mothers, this will not only increase the number of mothers able to receive dental care but also allow mothers to have their children treated at the same time. Research indicates providing children with an earlier start to oral health treatment reduces the risk of caries significantly (Duijster et al., 2015). The start of a child's oral health care begins before birth and starts with their mother's oral hygiene. Additionally, the oral health and hygiene habits one has as a child has a significant influence on those in adulthood. Children with little to no cavities during childhood are more likely to have little to no cavities during adulthood (Duijster et al., 2015).

A mother's poor oral health hurts themselves and their children

Recent research indicates a direct connection between poor maternal oral health and pregnancy complications (Oral Health Care During Pregnancy and Through the Lifespan, 2013). Roughly 75% of women have gingivitis which can lead to more severe periodontal disease if not treated (Pregnancy and Oral Health Feature | CDC, 2019). Periodontitis has been found to have an association with preterm birth and low birth weights (Pregnancy and Oral Health Feature | CDC, 2019). While the evidence is limited, oral health care is an important component of prenatal care to improve pregnancy outcomes (Oral Health Care During Pregnancy and Through the Lifespan, 2013).

Following birth, mothers share oral microbes with their newborns through many different mechanisms such as putting a pacifier in their mouth before their child's mouth (Pregnancy and Oral Health Feature | CDC, 2019). Thus, mothers with dental caries can transfer this bacteria to their children when they share food, utensils, etc. (Pregnancy and Oral Health Feature | CDC, 2019). Children of mothers with high levels of untreated caries are almost three times as likely to develop cavities in their baby teeth (Pregnancy and Oral Health Feature | CDC, 2019). By implementing routine care and treatment plans for dental disease after pregnancy, a large majority of caries in both mothers and children can be avoided.

Improving dental care reduces health costs

Dental care for many is viewed as a luxury compared to other components of health. Often, this translates into forgoing dental care altogether if health costs are too high. Delayed treatment in dentistry can lead to excessive bacteria growth and decay in the oral cavity which can manifest into infections, swelling, and pain (Health Policy Institute | ADA, 2014). Unable to find a local dentist that is affordable and/or available last minute can be nearly impossible, leaving patients with dental emergencies with one option – the Emergency Department. Less than 20% of dental ED visits are treated, while the majority result in a waste of time and money in which the doctor provides a prescription for antibiotics and a dental referral (Health Policy Institute | ADA, 2014). Many times, patients are still unable to access dental care and end up back in the hospital when their temporary treatment subsides, and their dental emergency resurfaces. This never-ending cycle is not only detrimental to the patient but is a significant financial burden to the Medicaid system. Given pregnant mothers are at some of the greatest risks for dental disease due to the changing hormone levels in their bodies, preventive and routine care for this population would result in significant health cost savings (Health Policy Institute | ADA, 2014).

Key Messages In Opposition of Policy Adoption

Work requirements are a potential concern

Work requirements for Medicaid typically vary from state to state but generally require enrollees to work a minimum of a certain number of hours per week to qualify for benefits (American Academy of Family Physicians, 2020). Examples of work include secondary or college education, technical school, community service, and part- or full-time employment, which can serve as significant obstacles to individuals unable to work, such as postpartum mothers (American Academy of Family Physicians, 2020). Arkansas recently implemented a work requirement for Medicaid eligibility, which resulted in 18,000 Arkansans losing Medicaid coverage (American Academy of Family Physicians, 2020). Given work requirements are favored by the Republican party, the present concern of the implementation of these requirements upon the passage of S530 is valid, as the NC General Assembly is currently under Republican control.

While relevant, the concern is present whether or not S530 passes into law. In October of 2024, the North Carolina Medicaid 1115 Waiver will expire (North Carolina's Medicaid Reform Demonstration | Medicaid, n.d.). This waiver outlines the Medicaid coverage of various groups across the state. The waiver is subject to change every few years upon its expiration and is controlled by the NC General Assembly in session during the expiration period (North Carolina's Medicaid Reform Demonstration | Medicaid, n.d.). Given the undefined political leanings of the legislature, it is unclear how pressing the concern of the potential work requirement is, as it could be implemented through the approval of S530 or in the adaptation of the Medicaid 1115 Waiver if the NC General Assembly is still a Republican majority in 2024.

Ultimately, the uncertainty for the future of both S530 and the Medicaid 1115 Waiver presents a risk to expose pregnant mothers with extended oral health Medicaid coverage to a work requirement for either avenue. With this in mind, the best option to pursue is to advocate to pass S530 at this time, as another opportunity to extend postpartum oral health coverage may not be presented for a long time.

The ideal postpartum coverage length is two years

Many early-childhood researchers argue the first 1,000 days of life are the most critical period for any child and the healthcare they receive in this period sets the trajectory of their life (Schwarzenberg et al., 2018). Thus, some pediatric dentists argue the ideal length to extend postpartum Medicaid coverage is three years, but have settled on two years given greater political feasibility for a shorter length of time. Given the close link between the oral health of a mother and her child, extending dental coverage to two years following birth will provide a more feasible period for mothers to seek, obtain, and complete treatment for themselves and their children (Byrd et al., 2019). Current research indicates one year of postpartum coverage is not enough time because a large portion of mothers who seek dental treatment during pregnancy have yet to complete their treatment before delivery (Byrd et al., 2021). Rather, most mothers indicate a significant gap between the period in which they start dental treatment before labor and complete care following delivery (Byrd et al., 2021).

While the objective facts of science indicate more time is necessary, the world of policy is not as black and white. Unfortunately, legislative opportunities to create significant change are often infrequent and slow-moving. The implementation of policies like S530 can be compared to gradually "moving a needle forward." Progress can often feel incredibly slow or even stagnant, and while one year postpartum is not the ideal coverage length, it is a shift in the right direction and can open doors for more progressive change further down the road. Thus, it is crucial to seize opportunities when they present themselves and work to create advancements from a more progressive starting point.

S530 is a temporary bill

The current language in S530 indicates that this legislation would only be enacted for five years if turned into law. Temporary laws such as S530 include a "sunset clause", which results in the termination of the law and thus, elimination of one-year postpartum Medicaid coverage (Temporary Statute Law and Legal Definition | USLegal, Inc., n.d.). The risk with this law is to expose low-income mothers and their children to five years of postpartum coverage and then potentially return to a complete loss of postpartum coverage. This leaves us with the question – is it better to not provide coverage at all or to provide some coverage with the risk of losing it?

I argue the latter. While the risk is present to lose the coverage, the door to a potential permanent policy for one-year postpartum Medicaid coverage will be cracked open by enacting S530. This opportunity will not even exist without enacting the legislation and these

opportunities are incredibly limited. In addition, several other benefits outweigh the costs to the bill ending in five years. First, if the bill needs adjustments, a five-year time period is sufficient to determine initial successes/failures and necessary amendments to make improvements. Next, the implementation of a year of postpartum Medicaid coverage could open the door to advocate for the extension of postpartum coverage to two years. As stated above, the ideal postpartum coverage length to optimize oral health outcomes for new mothers and their infants is two years. Given the passage of S530, evidence will likely emerge in the next five years proving the positive health outcomes tied to the bill and could provide further support to advocate for new legislation for the continuation of one or even two years of postpartum coverage.

Stakeholder Analysis

There are several key dental-related stakeholders of the proposed policy. The description of the stakeholders below provides an analysis of the following stakeholder groups: 1) Bill Sponsors, 2) Democratic Legislators, 3) Republican Legislators, 4) Advocacy Organizations, 5) Associations representing provider interests, and 6) Other influential advocates.

First, the sponsors of Senate Bill 530 (S530) hold some of the greatest influence over the bill's passing and also are the strongest advocates for the bill. The sponsors are all members of the Republican Party – Sen. Burgin, Krawiec, and Corbin – and are the greatest proponents of the bill, as they are the individuals who initially presented it to the NC Senate (North Carolina S530 | 2021-2022 | Regular Session, n.d.). Additionally, cosponsors of the bill include members of both parties, which is beneficial in gaining bipartisan support for the legislation. Since Medicaid expansion is typically viewed as less favorable by more conservative members of the NC General Assembly, the primary bill sponsors will likely have the greatest influence in convincing other members of the Republican party to support the bill. The same rationale goes for the Democratic cosponsors of the bill in influencing Democratic legislators to support S530.

Republican Legislators hold the highest influence over the passage of S530 because the NC General Assembly is currently a Republican majority. Thus, the Republican legislators will be the most crucial group of stakeholders to target and sway to pass the bill. Based on the Power Map of stakeholders (see Appendix), this group is predominantly neutral or may slightly oppose the bill. Advocacy organizations should view the neutral stance of many Republican legislators as an opportunity to sway these representatives. The most compelling argument to use for this group of stakeholders is to focus on the financial savings that will result from the passage of S530. Many Republicans contend with any form of Medicaid transformation because this requires the state to increase spending. However, as mentioned previously, increasing access to oral care for mothers will improve maternal and child health along with reducing Medicaid spending through Emergency Department dental visits (refer to "Key Messages in Support of Policy Adoption ").

Democratic legislators, on the other hand, hold less influence compared to Republicans but may have much greater support for S530. The most important consideration for this group of stakeholders is to ensure they remain proponents of the legislation and ensure their engagement and support through oral health education and advocacy. The majority of partner advocacy organizations have strong ties with many Democratic legislators and can serve as champions to further Democratic approval. The main goal in addressing this stakeholder group is to ensure the maintenance of their support.

Advocacy organizations serve an important role in gaining attention and support for S530, particularly those with a credible reputation among the NC General Assembly. These organizations include NC Child, NC Justice Center, NC Community Health Center Association, Community Care of North Carolina, NC Public Health Association, and NC Rural Center. The interests and beliefs of the listed advocacy organizations align more closely with that of Democratic legislators, so these organizations can serve as a source to maintain the beliefs of Democrats while also working to encourage Republican backing of S530 through lobbying efforts.

Associations representing healthcare worker interests are also relevant organizations that will likely support S530 and also be essential in influencing other stakeholder support. These associations include the NC Medical Society, NC Dental Society, NC Dental Hygiene Association, NC Chapter of the National Association of Social Workers, and NC Pediatric Society. These organizations, particularly the NC Medical Society and NC Dental Society, are incredibly influential surrounding medical and dental policy, respectively, across the state. In addition, unlike the advocacy organizations mentioned above which typically align with Democratic ideologies, the associations representing healthcare worker interests have a more diverse representation of political interests. With this in mind, earning the support of these organizations is crucial, as they can appeal to the interests of both Democratic and Republican legislators and push a mediator to encourage bipartisan backing of the bill.

Other influential advocates include dental and hygiene students, CareQuest Institute for Oral Health, Delta Dental (and other dental insurers), and the John Locke Foundation. Dental and dental hygiene students are very important constituents and therefore are recognized as a relevant stakeholder group. More information about student groups is discussed in the Grassroots Mobilization section, as students can likely acquire momentous support for S530 by calling to action local citizens. CareQuest is a national, private dentistry organization with branches in North Carolina with a mission to provide effective dental care for all (CareQuest Institute for Oral Health, n.d.). CareQuest along with dental insurance agencies such as Delta Dental maintains an extremely neutral stance. As private organizations, these entities will not gain anything from the implementation of S530 with the inclusion of oral health language. However, these organizations will also not be hindered by S530 and can be targeted to garner additional support for the bill.

Conclusion

Currently, one-third of pregnant mothers in North Carolina have untreated tooth decay, and by kindergarten, roughly one in five children have untreated caries (DHHS: DPH: Oral Health: References and Statistics, 2021). Untreated dental disease has a much greater impact on low-income mothers and their children, along with Latina and Black mothers (DHHS: DPH: Oral Health: References and Statistics, 2021). The disparities in oral health across the state continue to widen as dental care continues to become less accessible and affordable, particularly for marginalized populations. Many issues are contributing to such poor oral health outcomes, primarily the lack of postpartum oral health Medicaid coverage.

Enacting S530 will not only improve oral health outcomes for mothers but also improve their overall health outcomes while also reducing pregnancy-related conditions such as preterm births. As a result, infants will have a lower risk of dental disease, improved health throughout childhood, and better health into adulthood. Advocacy messaging will need to focus on the broader health implications of this policy and the significant impact it would have on mothers and their children. Because oral health has a direct influence on overall health, stakeholders in support of our position include a variety of dental organizations along with more general healthcare advocacy organizations. These various organizations can work with us to sway stakeholders that currently hold a neutral or opposed stance, particularly Republican legislators. Securing bipartisan support for S530 is a crucial step in the passage of this legislation. With the proper advocacy tools and stakeholder support, the implementation of S530 is a feasible goal that will positively impact the health outcomes of thousands of North Carolinians.

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